

Los Angeles County Mobile Intensive Care Nurse (MICN) Core Objectives



Developed in Collaboration with:

Association of Prehospital Care Coordinators and

Los Angeles County EMS Agency

EMS Agency Administration

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Emergency Medical Services Overview

- 1. Define Emergency Medical Services
- 2. Describe the purpose of the following components of the Los Angeles County EMS System:
 - a) EMS Authority
 - b) EMS Agency
 - c) Commission
 - d) Base Hospital
 - i) Medical Director
 - ii) Prehospital Care Coordinator
 - iii) Mobile Intensive Care Nurse
 - e) 9-1-1 Receiving Hospitals
 - f) Specialty Centers
 - g) Provider Agencies
 - i) Public
 - ii) Private
 - h) EMS Responders
 - i) EMT-I
 - ii) EMT-P
 - i) Non-EMS Responders
 - i) Police
 - ii) Bystander
 - j) Dispatch
- 3. List the requirements for MICN certification and recertification
- 4. Identify the types of rescue units and their capabilities

Legal Aspects of Prehospital Care

- 1. Identify the legislation that governs prehospital care
- 2. Describe the purpose of:
 - a) Base Hospital Treatment Guidelines (BHTG)
 - b) Standing Field Treatment Protocols (SFTP)
 - c) Medical Control Guidelines (MCG)
 - d) Color Code Drug Dosage/L.A. County Kids
 - e) Prehospital Care Policy Manual
 - f) Base Hospital Form Manual
- 3. Describe the MICN/Base Hospital role when a physician is at the scene
- 4. Describe the MICN/Base Hospital role when a patient is refusing treatment or transport
- 5. Define and differentiate between the different types of consent
 - a) Informed
 - b) Expressed
 - c) Implied
 - d) Involuntary
- 6. Define release at scene
- 7. Describe the MICN and paramedic roles with a patient requesting to sign AMA
- 8. Describe the MICN and paramedic role in the following situations:
 - a) Child Abuse and Neglect
 - b) Elder/Dependant Abuse and Neglect
 - c) Sexual Assault
 - d) Victim of Violent Crimes
 - e) Treatment and Transport of Minors
- Describe the role of the MICN and paramedic in Paramedic Trial and Scientific Studies
- Discuss the factors which should be considered prior to determining the appropriateness of an ALS to BLS downgrade

Patient Destination

- 1. Identify and describe correct patient destination and rationale, when given a scenario, for the following:
 - a) Most Accessible Receiving Hospital (MAR)
 - b) Emergency Department Approved for Pediatrics (EDAP)
 - c) Perinatal Center
 - d) Pediatric Medical Center (PMC)
 - e) Pediatric Trauma Center (PTC)
 - f) Trauma Center
 - g) STEMI (ST Elevation MI) Receiving Center (SRC)
 - h) Sexual Assault Response Team Center (SART)
 - i) Hyperbaric Chamber
- 2. Recognize when it is appropriate to honor a hospital diversion request
- 3. Recognize when it is appropriate to honor a patient's hospital request
- 4. Identify the various categories of diversion

Base Hospital Form Training

- 1. Describe the purpose, function and goals of documentation and data collection, as it pertains to the Trauma and Emergency Medicine Information System (TEMIS)
- 2. Identify the mandatory fields of the Base Hospital Form (BHF) and the rationale for data entry
- 3. Describe where to document a "re-contact" and the appropriate use of page 2
- 4. Demonstrate correct documentation on the BHF from a given scenario

Radio Communications

- 1. Describe the means of communication utilized within the Los Angeles County EMS System:
 - a) Telephone
 - b) Base Station Med Channel
 - c) Paramedic Radio
 - d) ReddiNet™
 - e) Hospital Emergency Alert Radio (H.E.A.R.)
- 2. Identify appropriate language used to effectively communicate via the telecommunication system
- 3. List methods to improve radio communication
- 4. Compare and contrast one-way versus two-way telecommunications
- 5. Identify important concepts from the On-line Communication Medical Control Guideline

Basic Science Review

- 1. Discuss the functions of 3 body fluid compartments:
 - a) Intracellular
 - b) Intravascular
 - c) Interstitial
- 2. Identify the S/S of hypoxia
- 3. Describe the effects of hypercarbia on the brain
- 4. Describe the role of the following electrolytes:
 - a) Sodium
 - b) Potassium
 - c) Calcium
 - d) Bicarbonate
- 5. Contrast osmosis and diffusion
- 6. Describe the process of osmosis related to IV solutions
- 7. Name common medical conditions that best demonstrate the act of osmosis
- 8. Describe cellular metabolism
- 9. Define ventilation
- 10. Define cellular respiration
- 11. Define hyperventilation
- 12. Describe the mechanics of ventilation
- 13. List and describe the two types of chemoreceptors
- 14. Describe the location and role of baroreceptors
- 15. Define the following terms:
 - a) Afterload
 - b) Atrial kick
 - c) Cardiac output
 - d) Chronotropy

- e) Inotropy
- f) Peripheral vascular resistance (PVR)
- g) Preload
- h) Starling's Law
- i) Stroke volume (SV)
- 16. List the function of the Autonomic Nervous System
- 17. Describe the role of catecholamines
- 18. Describe the response of Beta 1 and Beta 2 stimulation
- 19. Contrast the differences between low, moderate, and high dose dopamine
- 20. Describe the four vital centers found in the brainstem and their functions
- 21. Review blood flow though the heart including chambers, heart valves, arteries and veins

Shock

- 1. Distinguish the assessment findings of the following types of shock:
 - a) Cardiogenic
 - b) Hypovolemic
 - c) Distributive
 - i) Septic
 - ii) Neurogenic
 - iii) Anaphylactic
 - d) Obstructive
- 2. Identify a patient in compensated and decompensated shock listed in objective #1
- 3. Define perfusion
- 4. Define poor perfusion
- 5. Describe how the BHTGs are designed for a patient in shock
- 6. Describe the therapies used in the field to treat the different types of shock listed in objective #1
- 7. State the indications for accessing a Peripheral Vascular Access Device (PVAD)
- 8. State which medication can not be administered into a PVAD
- 9. List the complications associated with accessing a PVAD
- 10. Instruct a paramedic in the procedure used to prep and access a PVAD
- 11. Describe which type of PVAD can be accessed in the field

GI/Abdominal Emergencies

- 1. Describe which BHTG is used for non-traumatic abdominal pain and how it is utilized
- 2. List the pharmacological agents used to in the field to treat abdominal pain and indication for each
- 3. Contrast the difference between somatic, visceral and referred pain
- 4. Describe the methods used to assess abdominal pain
 - a) OPQRST
 - b) Pain Assessment Medical Control Guideline

Cardiac Emergencies

- 1. Distinguish the assessment findings of the following cardiac emergencies:
 - a) Non-myocardial chest pain
 - b) Heart failure
 - c) Acute Coronary Syndrome (ACS)
 - d) Aortic aneurysm emergencies
 - e) Angina
 - f) Hypertension
 - g) Pacemaker failure
 - h) Automatic Internal Cardiac Defibrillator (AICD)
- 2. Describe which BHTG is used for those cardiac emergencies listed in objective #1 and how it is utilized
- 3. List the pharmacological agents used in the field to treat those cardiac emergencies listed in objective #1 and indications for each
- 4. Describe the field treatment that may be performed by paramedics prior to base contact for those cardiac emergencies listed in objective #1
- 5. Identify the 12-Lead interpretation that determines STEMI Receiving Center (SRC) patient destination
- 6. Identify important concepts from the following Medical Control Guidelines:
 - a) ALS 12 Lead EKG
 - b) Cardiac Monitor
 - c) Hypertension
 - d) Transcutaneous Pacing
 - e) Nitroglycerin

Dysrhythmias/Cardiac Arrest

- 1. Identify the assessment findings associated with:
 - a) Bradycardia
 - b) Sinus Tachycardia
 - c) SVT
 - d) PVCs
 - e) Ventricular Tachycardia
 - f) Ventricular Fibrillation
 - g) Asystole
 - h) PEA
 - i) Heart blocks
 - j) Atrial Fibrillation
 - k) Atrial Flutter
- 2. Describe which BHTG is used for the conditions listed in objective #1 and how it is utilized
- 3. Describe the field treatment that may be performed by paramedics prior to base contact for those dysrhythmias listed in objective #1
- 4. List the pharmacological agents used to treat dysrhythmias in the field setting and indications for each
- 5. Describe the transport destination options for patients in medical cardiac arrest
- 6. Describe the role of the base hospital in field pronouncement of death
- 7. Identify the required documentation on the BHF for the following:
 - a. Cardiac arrests
 - b. Field pronouncement
 - c. STEMIs
 - d. TCP
- 8. Compare and contrast a "Do Not Resuscitate" (DNR) and the "Advanced Health Care Directive" (AHCD)
- 9. Identify the important concepts from the Intraosseous Medical Control guideline

Respiratory Emergencies

- 1. Identify the assessment findings of the following respiratory emergencies:
 - a) Respiratory distress without wheezes
 - b) Respiratory distress with basilar rales
 - c) Respiratory distress with wheezes
- 2. Describe which BHTG is to be used for conditions listed in objective #1 and how it is utilized
- 3. Describe the field treatment that may be performed by paramedics prior to base contact for those respiratory conditions listed in objective #1
- 4. List the pharmacological agents used in the field to treat those respiratory conditions listed in objective #1 and indications for each
- 5. Compare and contrast assessment findings of the following:
 - a) Pneumonia
 - b) Chronic Obstructive pulmonary Disease
 - c) Congestive Heart Failure
 - d) Respiratory Failure
- 6. Identify the important concepts of the Oxygen Medical Control Guideline

Airway Management

By the end of this presentation, the participant will be able to:

- 1. Describe airway obstruction associated with the following:
 - a) Foreign Body
 - b) Swelling
 - c) Trauma
 - d) Secretions
 - e) Tongue
- 2. Identify the important concepts from the Continuous ETT Monitoring Medical Control Guideline
- 3. Identify the important concepts from the Airway Algorithm
- 4. List the indications for Endotracheal Tube (ETT) placement
- 5. Describe the assessment findings that paramedics should report after establishing an advanced airway
- 6. List the indications for the use of the Esophageal Tracheal Combitube (ETC)
- 7. Describe methods to assist the paramedic placing an ETC
- 8. Identify appropriate airway procedures for patients with stomas or tracheotomy devices
- 9. Describe the indications and contraindications for the use of Continuous Positive Airway Pressure (CPAP) in the field

10. Define:

- a) Manageable airway
- b) Unsecured airway
- c) Uncontrolled (unmanageable) airway

Neurologic Emergencies/Behavioral Emergencies

- 1. Identify the assessment findings of the following neurological emergencies:
 - a) Altered level of consciousness
 - b) Behavioral emergencies
 - c) Seizures
 - d) Local neuro/stroke
 - e) Syncope
 - f) Autonomic dysreflexia
 - g) Diabetes
- 2. Describe which BHTG should be utilized for those emergencies listed in objective #1 and how it is utilized
- 3. Describe the field treatment that may be performed by paramedics prior to base contact for conditions listed in objective #1
- 4. List the pharmacological agents used in the field to treat these medical conditions listed in objective #1 and indications for each
- 5. Relate A-E-I-O-U-T-I-P-S to the adult patient
- 6. List the elements of the Los Angeles Pre-hospital Stroke Scale (LAPSS) assessment tool
- 7. List the indications for application of restraints in the field
- 8. Discuss the Los Angeles County definition of Status Epilepticus
- 9. Identify appropriate destination for patients with behavioral emergencies
- 10. Identify the important concepts of the following Medical Control Guidelines:
 - a) Hypoglycemia
 - b) Restraints
- 11. Identify the important concepts from the Restraints Algorithm

Environmental Emergencies

- 1. Identify the assessment findings for the following environmental emergencies:
 - a) Near drowning
 - b) Heat related emergencies
 - c) Cold related emergencies
 - d) Envenomation
 - e) Bites and stings
 - f) Decompression emergencies
- 2. Describe which BHTG should be used for those emergencies listed in objective #1 and how it is utilized
- 3. Describe the field treatment that may be performed by paramedics prior to base contact for conditions listed in objective #1
- 4. List the pharmacological agents used in the field to treat these conditions listed in objective #1 and indications for each

Poisoning and Overdose

- 1. Identify the assessment findings of the following ingestions:
 - a) CNS depressants
 - b) CNS stimulants
 - c) Hallucinogens
 - d) Organophosphate
 - e) Beta Blockers
 - f) Calcium Channel Blockers
- 2. Describe which BHTG should be used for those emergencies listed in objective #1 and how it is utilized
- 3. Describe the field treatment that may be performed by the paramedic prior to base contact for conditions listed in objective #1
- 4. List the pharmacological agents used in the field to treat these conditions listed in objective #1 and indications for each

Weapons of Mass Destruction

- 1. Identify the assessment findings for the following exposure emergencies:
 - a) Chemical
 - b) Biological
 - c) Radiological
- 2. Describe which BHTG should be used for those conditions listed in objective #1 and how it is utilized
- 3. List the pharmacological agents used in the field to treat these conditions listed in objective #1 and indications for each
- 4. List the benefits of early notification for the receiving facility

Approach to Trauma and Trauma Destination

- 1. Utilize Los Angeles County EMS References "Trauma Triage" and "Trauma Patient Destination" to determine appropriate destination of a real or simulated patient
- 2. Describe how "judgment" can be utilized by the Base Hospital for patient destination, in the absence of a patient meeting trauma criteria or guidelines
- 3. Describe appropriate primary (Initial) and secondary assessments of the trauma patient
- 4. Describe trauma mechanism of injury as it relates to injury prediction, trauma transport and treatments
- 5. Define the term "Golden Hour"
- 6. Identify traumatic injury presentations that require immediate or rapid transport
- 7. Describe which BHTGs are used for trauma patients and how they would be utilized

Head and Neck Injuries/EENT

- 1. Describe the anatomy and physiology of organs and structures related to head, neck and EENT injuries
- 2. Describe the pertinent assessment findings for a patient with head, neck and EENT injuries
- 3. Anticipate head, neck and EENT injuries based on blunt and penetrating mechanisms of injury
- Describe which BHTG is used for a patient with head, neck or EENT injuries and how it is utilized
- 5. List the indications for spinal immobilization
- 6. Describe the MICNs responsibility when spinal immobilization indications are met
- 7. Discuss the treatment that can be rendered by paramedics prior to base contact for a patient with head, neck or EENT injuries
- 8. Describe the pharmacological agents used in the field to treat head, neck and EENT injuries
- 9. Identify important concepts from the Spinal Immobilization MCG

Chest and Abdominal Trauma

- 1. Describe the anatomy and physiology of organs and structures related to chest and abdominal injuries
- 2. Describe pertinent assessment findings for the following traumatic chest injuries:
 - a) Flail chest
 - b) Open pneumothorax
 - c) Tension pneumothorax
 - d) Cardiac tamponade
- 3. Describe pertinent assessment findings for a patient with traumatic abdominal injuries
- 4. Anticipate abdominal and chest injuries based on blunt and penetrating mechanisms of injury
- 5. Compare and contrast signs and symptoms of tension pneumothorax versus cardiac tamponade
- 6. Describe which BHTG is used for a patient with traumatic chest or abdominal injures and how it is utilized
- 7. List the indications for a needle thoracostomy
- 8. Instruct the paramedic on how to perform a needle thoracostomy
- 9. Describe field treatment of a flail chest
- 10. Describe field treatment that may be performed by paramedics prior to base contact for a patient with traumatic chest or abdominal injuries
- 11. List the pharmacological agents used in the field to treat chest and/or abdominal injuries and indications for each

Musculoskeletal Injuries

- 1. List the potential injuries associated with musculoskeletal trauma
- 2. List the pertinent assessment findings for a patient with extremity injuries
- 3. Describe which BHTG is used for a patient with musculoskeletal injures and how it is utilized
- 4. Describe when the following field interventions are indicated:
 - a) Spinal immobilization
 - b) Traction splints
 - c) Rigid or conforming splints
 - d) Re-alignment
- 5. Identify the appropriate interventions that could be used for the following injuries:
 - a) Uncontrolled external bleeding
 - b) Amputations
 - c) compromised neurovascular status
- 6. Describe the treatment that can be rendered by paramedics prior to base contact for a patient with musculoskeletal injuries
- 7. List the pharmacological agents used in the field to treat musculoskeletal injuries and indications for each

Crush Injury/Syndrome

- 1. Discuss the bodies response to crush injuries:
 - a) cellular response
 - b) vascular response
 - c) systemic response
- 2. Define:
 - a) Crush injury
 - b) Crush syndrome
 - c) Compartment syndrome
- 3. Describe the signs and symptoms of compartment syndrome
- 4. Describe which BHTG is used for Crush Injury and Crush Syndrome and how it is utilized
- 5. List the field treatment that can be performed by paramedics prior to base contact for a patient with crush injuries
- 6. List the pharmacological agents used in the field to treat Crush Injuries and Crush Syndrome and indications for each.

Burn Management

- 1. Describe the classifications of burns
- 2. List the physiological complications arising from burn injuries
- 3. List the predictors that affect burn severity
- 4. Calculate the Total Body Surface Area (TBSA) using the rule of 9's
- 5. Describe which BHTG is used for a patient with burn injuries and how it is utilized
- 6. Describe the field treatment that may be performed by paramedics prior to base contact for a patient with burn injuries
- 7. List the pharmacological agents used in the field to treat burn injuries and indications for each
- 8. Discuss the appropriate rationale for burn patient destination
- 9. List the signs and symptoms and describe appropriate treatment of carbon monoxide poisoning

Pediatric Trauma

- 1. Describe the anatomical and physiological differences in the pediatric patient versus the adult patient as it pertains to trauma
- 2. Identify the five leading causes of death from traumatic pediatric injuries
- 3. List the components of a pediatric trauma assessment
- 4. Describe which BHTG is used for the pediatric trauma patient and how it is utilized
- 5. Discuss the field treatment that can be performed by paramedics prior to base contact for the pediatric trauma patient
- 6. List the pharmacological agents used in the field to treat pediatric trauma injuries and indications for each
- 7. Identify the injuries/findings that meet Pediatric Trauma Center criteria or guidelines 8.

Disaster Triage and Multi-Casualty Incidents

- 1. State the goals of disaster triage
- 2. Describe START (Simple Triage and Rapid Transport) triage system
- 3. Describe the Jump START triage system
- 4. Discuss the roles of the following when involved with an Multi-Casualty Incident (MCI):
 - a) Medic Alert Center
 - b) Base Hospital\
 - c) MICN
 - d) Receiving Hospital
 - e) Provider agencies
 - f) Paramedic
- 5. Describe the transport priority guidelines for an MCI
- 6. Identify appropriate documentation of an MCI including usage of the Base Hospital MCI Form as an alternative for patient information in an MCI.
- 7. Discuss the key concepts and the roles of MICNs and field personnel in managing a multi-casualty burn disaster.

Pediatric

- 1. Identify the assessment findings of the following conditions:
 - a) ALTE
 - b) Seizures
 - c) Cardiopulmonary arrest
 - d) Dysrhythmias
 - e) Shock
 - f) Respiratory distress
- 2. Relate A-E-I-O-U-T-I-P-S to the pediatric patient
- 3. Describe the components of the Pediatric Assessment Triangle
- 4. Describe which BHTG is used for the conditions listed in objective #1 and how it is utilized
- 5. Describe the field treatment that may be performed prior to base contact for pediatric conditions listed in objective #1
- 6. List the pharmacological agents used in the field to treat those pediatric conditions listed in objective #1 and the indications for each
- 7. State the appropriate age range for pediatric patients
- 8. Discuss and describe uses of the L.A. County Color Code for Kids
- 9. List the appropriate L.A. County approved airway adjuncts for the pediatric patient and indications for their use
- 7. Utilize Los Angeles County EMS Reference "Pediatric Destination" to determine appropriate destination of a real or simulated patient
- 8. Identify the important concepts of the Pediatric Age MCG

Obstetric Emergencies

- 1. Identify the assessment findings for the following normal obstetrical conditions:
 - a) Normal perinatal
 - b) Normal neonatal
 - c) Stages of Labor (3)
- 2. Identify the assessment findings for the following obstetrical emergencies:
 - a) Spontaneous and or threatened abortion
 - b) Placenta previa
 - c) Placenta abruptio
 - d) Ectopic pregnancy
 - e) Pregnancy induced hypertension (PIH)
 - f) Diabetic complications
- 3. Describe the following complications of labor, to include:
 - a) Pre-mature labor/delivery
 - b) Breech presentation
 - c) Cord prolapsed
 - d) Meconium
 - e) Nuchal cord
 - f) Multiple births
- 4. Describe which BHTG is used for those conditions listed in objectives #1, #2 and #3 and how it is utilized
- 5. Direct the field provider through the delivery process up to and including care of the newborn
- 6. Identify appropriate destination for the perinatal and neonatal patient

Special Consideration Patients

By the end of this presentation, the participant will be able to:

- 1. Discuss the unique differences and appropriate management of the following patients:
 - a. Geriatric
 - b. Potentially infectious
 - c. Immunocompromised
 - d. Mobility Disorder
- 2. Discuss the specific consideration in the management of the renal failure patient

3.